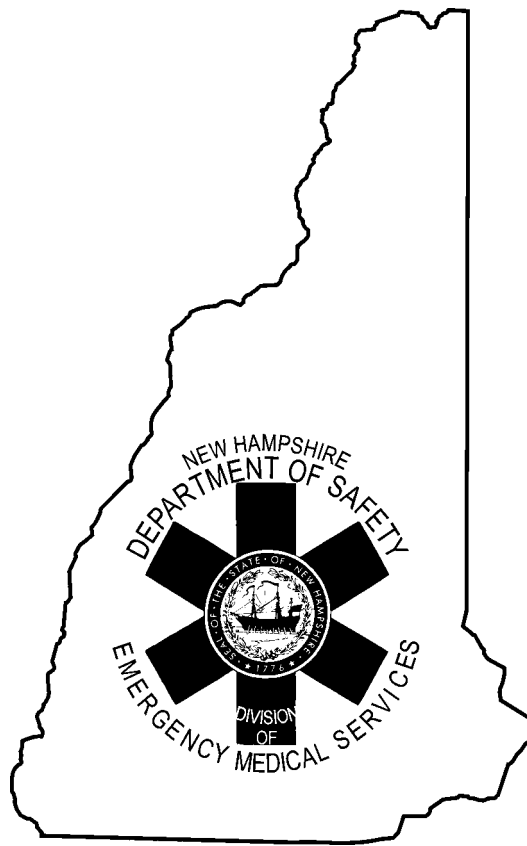


**STATE OF NEW HAMPSHIRE**  
**FIRST RESPONDER**  
**PRACTICAL EXAMINATION**  
**JULY 1, 1998**



**NH Department of Safety**  
**Bureau of Emergency Medical Services**

**State of New Hampshire  
First Responder Practical Skill Sheets**

**PATIENT ASSESSMENT/MANAGEMENT - TRAUMA**

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **INITIAL**      \_\_\_\_\_ **RETEST**

Evaluator: \_\_\_\_\_

Stop: \_\_\_\_\_

Start: \_\_\_\_\_

Time allowed: 10 minutes

**Scenario #** \_\_\_\_\_

Total Time: \_\_\_\_\_

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP: scene safety information will be provided by the evaluator</b>			
Requests additional help		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of patient		1	
Stabilizes or directs stabilization of spine		1	
Determines responsiveness		1	
Airway	Assess	1	
	Manage	1	
Breathing	Assess	1	
	Manage	1	
Circulation	Assess pulse	1	
	Assess bleeding	1	
	Assess skin (color, temp., and condition)	1	
Identify priority patient/make transport decision		1	
<b>PHYSICAL EXAMINATION</b>		<b>DOTS:</b>	
Assesses the head	Inspect and palpate	1	
Assesses the neck	Inspect and palpate	1	
Assesses the chest	Inspect and palpate	1	
Abdomen	Assess the abdomen	1	
Pelvis	Assess the pelvis	1	
Assess the extremities	1 point for each extremity	4	
Obtains S.A.M.P.L.E. history		1	
Manages secondary injuries and wounds appropriately		1	
<b>Verbalizes ON-GOING ASSESSMENT</b>		1	
<b>TOTAL</b>		<b>25</b>	

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not establish spinal stabilization upon initial contact with patient.
- \_\_\_\_\_ Did not maintain spinal stabilization throughout.
- \_\_\_\_\_ Did not identify need for immediate transport.
- \_\_\_\_\_ Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion).
- \_\_\_\_\_ Did not manage/provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion).
- \_\_\_\_\_ Did other detailed physical examination before assessing and managing the airway, breathing and circulation.

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**BLEEDING CONTROL / SHOCK MANAGEMENT**

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **INITIAL**      \_\_\_\_\_ **RETEST**

Evaluator: \_\_\_\_\_

Stop: \_\_\_\_\_

Start: \_\_\_\_\_

Time allowed: 10 minutes

Scenario # \_\_\_\_\_

Total Time: \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<b>Note: the evaluator must now inform the candidate that the wound continues to bleed</b>		
Applies an additional dressing to the wound	1	
<b>Note: the evaluator must now inform the candidate that the bleeding is controlled</b>		
Applies a pressure dressing to the wound	1	
Bandages the wound	1	
<b>Note: the evaluator must now inform the candidate that the wound has started to bleed again</b>		
Locates and applies pressure to appropriate arterial pressure point	1	
<b>Note: the evaluator must now inform the candidate that the bleeding is controlled and that the patient is showing signs and symptoms indicative of shock.</b>		
Properly positions the patient	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates need for immediate transportation	1	
<b>TOTAL</b>	<b>10</b>	

**CRITICAL CRITERIA**

- \_\_\_\_\_ Applies tourniquet before attempting other methods of bleeding control.
- \_\_\_\_\_ Did not control hemorrhage in a timely manner.
- \_\_\_\_\_ Did not indicate a need for immediate transportation.

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**UPPER AIRWAY ADJUNCTS AND SUCTION**

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **INITIAL**      \_\_\_\_\_ **RETEST**

Evaluator: \_\_\_\_\_

Stop: \_\_\_\_\_

Start: \_\_\_\_\_

Time allowed: 5 minutes

Total Time: \_\_\_\_\_

**OROPHARYNGEAL AIRWAY**

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
Removes oropharyngeal airway	1	

**SUCTION**

<b>Note: the evaluator must advise the candidate to suction the patient's oropharynx/nasopharynx</b>		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts suction tip without suction	1	
Applies suction to the oropharynx (<15 seconds)	1	

**NASOPHARYNGEAL AIRWAY**

<b>Note: the evaluator must advise the candidate to insert a nasopharyngeal airway</b>		
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway	1	
<b>TOTAL</b>	<b>11</b>	

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not select proper size airway (oral or nasal)
- \_\_\_\_\_ Did not properly place airway (oral or nasal)
- \_\_\_\_\_ Did not demonstrate proper suctioning technique
- \_\_\_\_\_ Suctioned for >15 seconds

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**MOUTH TO MASK**

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **INITIAL**      \_\_\_\_\_ **RETEST**

Evaluator: \_\_\_\_\_

Time allowed: 5 minutes

Stop: \_\_\_\_\_

Start: \_\_\_\_\_

Total Time: \_\_\_\_\_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens airway (manually or with adjunct)	1	
Establishes and maintain a proper mask to face seal	1	
Ventilate the patient at the proper volume and rate (adequate chest rise / 10 – 20 breaths per minute)	1	
<b>Note: the evaluator must witness ventilations for at least 30 seconds</b>		
<b>TOTAL</b>	<b>5</b>	

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not maintain mask-to-face seal
- \_\_\_\_\_ Did not provide proper volume per breath  
(more than 2 ventilations per minute are below 800 ml)
- \_\_\_\_\_ Did not ventilate the patient at 10 – 20 breaths per minute  
(more than 1 error in 30 seconds)
- \_\_\_\_\_ Did not allow for complete exhalation